

Mr. Adam Dexter
Dexter Axle Company
P.O. Box 108
Albion, Indiana 46701

Re: 113-10930
First Administrative Amendment to
Part 70 113-6949-00008

Dear Mr. Dexter

Tomkins Industries, Inc. - Dexter Axle Division - Plant 13, was issued a permit on January 19, 1999 for a stationary motor vehicle parts and accessories manufacturing source. A letter requesting a name change received May 5, 1999. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Tomkins Industries, Inc. - Dexter Axle Division - Plant 13 requested there name be changed to Dexter Axle Company. Dexter Axle Company will become a wholly-owned subsidiary of Tomkins Industries. The change became effective May 2, 1999.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Paul Dubenetzky, Chief
Permits Branch
Office of Air Management

Attachments: four (4) updated pages
PD/gkf

cc: File - Noble County
U.S. EPA, Region V
Noble County Health Department
Air Compliance Section - Doyle Houser
Compliance Data Section - Mendy Jones
IDEM Northern Regional Office

PART 70 OPERATING PERMIT OFFICE OF AIR MANAGEMENT

**Dexter Axle Company
500 South Seventh Street
Albion, Indiana 46701**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 and 326 IAC 2-1-3.2 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T 113-6949-00008	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Management	Issuance Date: January 19, 1999
First Administrative Amendment 113-10930-00008	
Pages Affected: 1, 35, 36, and 37	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Management	Issuance Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: Dexter Axle Company
Source Address: 500 South Seventh Street, Albion, Indiana 46701
Mailing Address: P.O. Box 108, Albion, Indiana 46701
Part 70 Permit No.: T 113-6949-00008

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- ☐ Annual Compliance Certification Letter
- ☐ Test Result (specify) _____
- ☐ Report (specify) _____
- ☐ Notification (specify) _____
- ☐ Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY COMPLIANCE MONITORING REPORT**

Source Name: Dexter Axle Company
Source Address: 500 South Seventh Street, Albion, Indiana 46701
Mailing Address: P.O. Box 108, Albion, Indiana 46701
Part 70 Permit No.: T 113-6949-00008

Months: _____ to _____ Year: _____

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

☐ NO DEVIATIONS OCCURRED THIS REPORTING PERIOD

☐ THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.

Compliance Monitoring Requirement (e.g. Permit Condition D.1.3)	Number of Deviations	Date of Each Deviation

Form Completed By: _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-6865**

**PART 70 OPERATING PERMIT
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Dexter Axle Company
Source Address: 500 South Seventh Street, Albion, Indiana 46701
Mailing Address: P.O. Box 108, Albion, Indiana 46701
Part 70 Permit No.: T 113-6949-00008

This form consists of 2 pages

Page 1 of 2

Check either No. 1 or No.2
<input type="checkbox"/> 1. This is an emergency as defined in 326 IAC 2-7-1(12) <ul style="list-style-type: none">The Permittee must notify the Office of Air Management (OAM), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); andThe Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
<input type="checkbox"/> 2. This is a deviation, reportable per 326 IAC 2-7-5(3)(c) <ul style="list-style-type: none">The Permittee must submit notice in writing within ten (10) calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:
Control Equipment:
Permit Condition or Operation Limitation in Permit:
Description of the Emergency/Deviation:
Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

Date/Time Emergency/Deviation started:
Date/Time Emergency/Deviation was corrected:
Was the facility being properly operated at the time of the emergency/deviation? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency/deviation:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____